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CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51		/	
2		/					52		/	
3		/					53		/	
4		/					54		/	
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46		/					96		/	
47		/					97		/	
48		/					98		/	
49		/					99		/	
50		/					100		/	
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

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Dr. [Signature]

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		/					51		/	
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144		/					94			
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146		/					96			
147		/					97			
148		/					98			
149		/					99			
150		/					100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

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